government. There is little incentive for talented people to innovate, work hard and create business. What a terrible lesson!!

We pray you fight this movement!!

At the same time, we pray you will support keeping the United States safe in every way you can.

Sincerely,

EMMALINE P. HENN.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. GINGREY) is recognized for 5 minutes.

(Mr. GINGREY of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. REICHERT) is recognized for 5 minutes.

(Mr. REICHERT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE HEALTH CARE BILL'S PUBLIC OPTION WILL DENY THE AMERICAN PEOPLE CHOICES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. BROUN) is recognized for 60 minutes as the designee of the minority leader.

Mr. BROUN of Georgia. Mr. Speaker, I came to talk about the health care problems here in America. I'm a medical doctor. I have practiced medicine for three-and-a-half decades. I'm an old-time general practitioner. I treat infants all the way to the elderly. My patients are like family. They're like friends. They are friends. They are family. And I'm very concerned about where we are going as a Nation.

Certainly health care in this country has become extremely expensive. In fact, I myself, prior to being elected to Congress, being a small businessman, could not afford a comprehensive health care insurance policy. I had a catastrophic health care policy because that's all I could afford. There are many small businessmen and women all across this country that are in the same category that I was in. Now, since I have been elected to Congress, I buy into the government health care insurance program that all Federal employees can buy into.

We hear from our President that everybody in this country should have a public option, an option that they can buy into. Last night my good friend JOHN SHADEGG in a Special Order was talking about the draft of the bill that Energy and Commerce is going to be looking at next week. And during Mr. SHADEGG's discussion last night on this floor, he said that the public health care option is not an option at all. And, in fact, the American people, if I could speak to them, Mr. Speaker, I would ask them to look at what is being proposed and how quickly this major policy change is being brought to the forefront.

Next week on Tuesday, the Energy and Commerce Committee is going to start their process of looking at the health care reform bill. Tuesday they are scheduled to have opening statements by the members of the committee. Wednesday and Thursday they're going to have markup. And, Mr. Speaker, I don't think the American public quite understands that term. It's a term that we use, as you know, where the committee goes through a bill line by line, issue by issue, section by section, and amendments are offered, voted on, and are put in place in the final product.

Well, the chairman of the Energy and Commerce Committee has decided to not go through the regular order process of letting the Health Subcommittee look at the bill. He wants the whole committee to do so. Why? Well, it's reported that the reason that he wants to do that is because he's concerned about the subcommittee's taking too much time and maybe not even passing out this bill.

The majority, Mr. Speaker, it seems to me, is trying to force this down the throats of the American people in a very expeditious manner. Why would they want to do that? Well, I think the American people, if they knew what was going on, Mr. Speaker, would understand that this major policy change is being hastened through the legislative process so that it can be put in place so that the American people don't have the light of day shed upon this bill so that the American people can say anything about it.

Over and over again, Mr. Speaker, in this House with these appropriation bills, we have seen a change, an historical change, of how regular order is carried out. Normally an appropriations bill is brought to the floor with an open rule. Both sides agree on amendments that are introduced. Both sides agree on time limits, and we can go through a regular order. But the majority has declined to allow that to happen. Even leadership, some of the leadership on the other side, reportedly, would like to do so. But the Speaker and the chairman are declining to allow that to happen.

So we're getting bill after bill presented to the floor that nobody has had the opportunity to read. The public can't read it. The Members of Congress can't read it.

We've had thousand-page bills, such as the nonstimulus bill that was presented by the President and was introduced in the dead of night, and we voted on it on this floor where no human being anywhere had had the opportunity to read that bill. No one, Mr. Speaker, had the opportunity to read that bill. It was 1,100 pages. Our leader, Mr. BOEHNER, had that large stack of paper and dropped it on the floor. No one had the opportunity to read that bill.

We don't have a health care bill. I have not seen it. No member of the Energy and Commerce Committee has seen it on either side, Democrat or Republican, because it has not been produced. Though Tuesday morning they're going to start opening statements on that bill.

We here in Congress have not seen the bill. We here in Congress have no way to evaluate the bill. We here in Congress have no way to understand what the bill says in totality and how we can introduce amendments to the bill to make it better. Democrats and Republicans alike are being denied their opportunity to allow amendments to all these appropriations bills and to a lot of the authorization bills, such as the tax-and-cap bill, which is going to be a disaster economically for America. This process is blatantly unfair. It's unfair to Democrats. It's unfair to Republicans. But most of all, it's unfair to the American people. The American people should demand better.

Our Speaker, when she came to office in the prior Congress, said we're going to have a new era of openness and honesty, high ethics, transparency. Nothing could be further from the truth. That's what went on in the last Congress and is particularly going on in this Congress. And we are having this health care reform bill being put together by just a small handful of the committee leadership and the leadership of this House, Democrats. The medical doctors, health care professionals, at least on our side, aren't even being consulted. We have, I'm not sure, 10 or 11 of us on our side. Not the first one of us has been consulted about what my patients and all of our patients need in health care reform.

We are being shut out of the process, and that's not fair to the American people, Mr. Speaker. The American people should demand more. They should demand openness. They should demand transparency.

We've had resolutions where we wanted to have at least 72 hours of every bill being posted on the Internet

so that the American people could look at those bills. The American people have been denied that opportunity by the leadership of this House and of the U.S. Senate. It's not fair. It's not fair to the American people.

We are having a major change in health care policy being shoved down the throats of the American people, Mr. Speaker. The American people need to rise up and say ''no'' to this cloaked-in-darkness process, where members of the public across this country should be able to take their reading glasses and put them on and read the bill, where Members of Congress should be able to take their reading glasses and put them on and look and see what's being proposed by the majority. The minority is being totally shut out of this process.

Now, we do know some things that are in the bill. And the American people need to understand what the ramifications of those things that are in the bill that we know about are all about.

The first thing, we hear all the time by the majority, we heard it during Special Orders, we've heard it during the 1 minutes this morning, we hear it over and over again in all the debate and discussion going around here in the House, about people need to have a public option. Well, the American people need to understand, Mr. Speaker, that that public option is going to deny them choices. It's going to put a bureaucrat, a Washington bureaucrat, between them and their doctor. And that Washington bureaucrat is going to make their health care decisions for them about what tests they can have, what medicines they can have, whether they can have surgery or not. And what it's going to do is it's going to shift people, as Mr. SHADEGG was saying last night, over the next 5 years off their employer-based health care insurance over to a single-party payer government insurance.

We are told if people like their health insurance, fine, keep it. And most American people will say, yes, that's right, I like my American insurance policy that I have today. I don't like the insurance companies. I don't like the costs. But I'm satisfied with my insurance.

But, Mr. Speaker, if I could speak to each individual in America today, I'd warn them that, Mr. and Mrs. America, you're not going to be able to keep your private insurance. You're going to be forced into a government-run, socialistic medicine health care system where some Washington bureaucrat is going to tell you whether you can go to the hospital or not, whether you can get an MRI or not, whether you can have the new treatments for cancer or hypertension or diabetes. It's going to destroy the health care system that we know today.

We have the finest health care system in the world. That's the reason people from Canada come to America to get their health care, even when they could buy the private health care in their own country. But they come to the United States. People in Great Britain come to the United States. Even if they can afford to go through the private sector in the United Kingdom, they come here because we have the finest health care system in the world.

But, Mr. Speaker, if I could tell the people in America, if I was allowed to through the rules of the House, I would tell them that that health care system that you're enjoying today, the quality of health care, the medications, the treatments, the tests, surgeries, and all of the things that make us have the highest quality of health care in the world, is going to be destroyed by this bill that's going to be started through the legislative process next week.

□ 1500

I have been joined in this hour by a physician colleague from Tennessee, Dr. ROE, who has tremendous experience with TennCare in his home State of Tennessee. I welcome him to join us today, and I ask the doctor, I yield to the doctor to give us some insights about TennCare and what it produced in Tennessee and about the cost and quality and how things were affected there and whatever the gentleman wants to inform the Speaker.

Dr. ROE, if you could speak to the American people. I know you would like to speak to them, but you have to speak to the Speaker and me.

I yield to the gentleman from Tennessee.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Madam Speaker, I think when you are looking at health care, and I practiced medicine in the State of Tennessee for over 30 years in an OB/GYN practice, delivered a lot of babies. And I can tell you, having watched this very complex system, it's unfair to the American people. We are not talking about Democrats or Republicans. We are talking about the American people here who are going to be affected, all 300 million of us are.

And when we look at the issues out there that we are dealing with, first of all, there isn't any American that doesn't want to have quality, affordable health care for all of our citizens. I don't think any of us in this body, all 435 of us want that. It's how do we get there and how do we afford it when we do get there and not break the bank.

We have, if you read various publications, around 47 million people in America who are uninsured. And of that 47 people who are uninsured, approximately 10 million, these are estimates, but are approximately 10 million are illegal in this country.

Of the remaining 35 to 37 million, we have about 12 to 14 million who currently qualify for plans that are out there, SCHIP or Medicaid, but who are not on it. So we need to find out who these individuals are and make those assets available for them.

About 9 million people make over $75,000 a year and choose not to buy health insurance. Now, in my part of the world, in the First District of Tennessee, that's a lot of money, and I assume in a lot of places in Georgia and other places around this country that's a lot of money. We have about 8 million people who make between $50,000 and $70,000 a year who are uninsured. And certainly for those, if there are families, there are ways, very inexpensive ways to make sure affordable health care is available to them.

When I first heard—when I first came to D.C., I heard the argument of the President's plan, and it turns out, I don't think the President had a plan. But the plan that was coming out of the House of Representatives is that we are going to have private health insurance and we are going to have a competitive government-sponsored plan. And I said, What exactly is that supposed to do? And they told me, and I said, Wait a minute. 16 years ago, we did this plan in Tennessee. It was called TennCare. We got a waiver from Medicaid, HHS, to provide health care for as many citizens in the State as we could. And as you know, Tennessee is not a wealthy State. We have a much lower than average per capita income in the country. So it was a noble goal. And it was the government, the managed care plans, put a very rich plan together; in other words, it was very generous in benefits.

And what happened was almost 50 percent, 45-plus percent of the people who got on TennCare had private health insurance. And what we found, and for them it was fine. I mean, they had a plan that paid the coverage, paid to see a doctor. The problem with it was it didn't pay the cost. And when I started asking, digging into this plan, I said, How much of the cost of the providers—I am speaking of hospital outpatient surgery centers. What percent of cost does this plan pay? It paid 60 percent. Medicare, another government-run plan, pays about 90 percent of costs.

So what happened was you had costs shifted to the private insurers. And these private insurers—that would be the other businesses in Tennessee—their costs went up and up and up when they tried to buy health insurance. So more and more people were dumped into the plan because businesses couldn't afford it.

How did the State of Tennessee handle this?

Mr. BROUN of Georgia. I want to make that crystal clear. Businesses could not afford to continue paying for the private insurance, and so people went from private insurance, and they were being forced over to the government plan; is that correct?

Mr. ROE of Tennessee. Exactly. They made a perfectly logical decision. It was cheaper to go into the subsidized government plan than it was for businesses that were struggling to survive anyway.

And when you add this extra cost, they dropped that cost onto the public

plan. Well, what happened was the State couldn't even afford even paying 60 percent of the cost of the care. There were so many people on it, the health care part was getting more than all the education and the other things that the State was providing.

So our Governor, who is a Democrat in the State of Tennessee, and a Republican legislature, they had to cut the rolls. You only have two choices: You can either cut the rolls or you can ration care. So I predict to you, Dr. BROUN and Madam Speaker, that when this public option comes out there, that it will be exactly like that. It will be a very generous plan subsidized by the taxpayers and supported by that. And businesses, especially small businesses first—the ones who provide most of the jobs in this country are small businesses, and you want to make it easier for them to provide the benefit, not more difficult—they will drop that. And over time, this will morph into a single-payer system.

Now, some people, Madam Speaker, would say, Is that a bad idea or a good idea? I think some people would be happy with the single-payer system. I believe health care decisions should be made between patients, their families, and their doctors. And you don't need a bureaucrat, no pun intended, injecting himself into this very important decision, in health care decisions. That's what will happen.

In this plan in England, they have a comparative effectiveness, as you well know, called NICE. And what an acronym for NICE, and let me explain that to the viewers out there. What happens in a public system where it's funded by a single payer—for instance, the taxpayer, in England the government—a board or committee is put together by the government to evaluate the outcomes of certain treatments.

Well, they have, for instance, if they estimate in England that you are in your last 6 months of life—and a cancer, for instance, a cancer treatment, they might invest as much as $22,000 in you, about what a used Honda would be.

Well, I don't think the American people, I know the American people, I know the American people in my district, Madam Speaker, in your District, are not ready to let the government decide that your life and your family's life is worth that. So that is sort of, in a nutshell, where we were or are in Tennessee dealing with this.

There are a lot of other options out there. I think these mandates for, in this particular legislation which we haven't seen other than just a synopsis of it, we haven't seen the full legislation. And, of course, the devil is always in the details.

So I want to sit here and look at the American people and tell them that the Doctors Caucus, the conservatives in this House, I think both the Republicans and the Democrats, want to be sure that the patient and the doctor are making those very important health care decisions and not the Federal Government.

Mr. BROUN of Georgia. I wanted to bring out a point. I have got an article here that came from Capitalism Magazine. The title of the article is ''Health Care to Die for in Britain'' by Ralph Reiland, from February 6, 2005. I just want to read a couple of points that Mr. Reiland makes in this article.

He says, ''Among women with breast cancer, for example, there's a 46 percent chance of dying from it in Britain, versus a 25 percent chance in the United States. 'Britain has one of the worst survival rates in the advanced world,' writes Bartholomew, 'and America has the best.' ''

He is quoting an issue in the Spectator Magazine, the British magazine, where James Bartholomew was talking about the British health care system.

The point of that, and the American people, I hope, will understand as we look at this, their single-payer system—now, in Great Britain, if you are extremely wealthy, you have to be extremely wealthy, you can buy private health insurance. And we have seen a lot of those people who are extremely wealthy actually come to the United States for their health care.

But unless you are extremely, extremely wealthy and you are in that single-payer system—and that's where we are headed, in my belief, in the United States—you have almost a half chance, and that's in a 5-year survival rate in Great Britain, of dying, where actually it's less than 25 percent today in America.

I think you have quoted some statistics on breast cancer. Do you have those at hand that you could give?

Mr. ROE of Tennessee. I do. When I began my medical practice, we had the same survival statistics that they did, 50 percent 30 years ago. In stage 1 disease now in America now it's as high as 98 percent 5-year survival. So when the patient comes to us, Dr. BROUN and Madam Speaker, and they say, Dr. ROE, what are my chances of living? I am go going to look at that patient, I am going to look at her and say, It may be tough, you may have some down days, you probably will, but you are going to make it. You are going to be okay.

And we can provide that kind of hope in this country for our patients. I look at St. Jude's Children's Research Hospital in Memphis where I was a medical student, and when I first went there, 80 percent of children died of childhood leukemias and cancers. Today, over 80 percent live.

I had one of the greatest evenings this last Monday night of a young boy I had delivered 16 years ago, and 2½ years ago his mother called me and said, Dr. ROE, I am afraid my son has cancer. And we were there for that 16th birthday to celebrate. He is cancer free, and that is a wonderful, wonderful thing to celebrate. And my joy goes out to that family and that community. The whole community celebrated. And that's the kinds of things we have seen, I think, in America, with our health care system.

And I think back, Dr. BROUN and Madam Speaker, when I began my medical practice, we had only five high blood pressure medicines. Three of them made you sicker than high blood pressure did. Today, over 50. Antibiotics, there was one type of cephalosporin antibiotic. Today, over 50.

We have all of the new robotic surgeries, laparoscopic surgeries that I was able to do and privileged to do in this Nation and provide everyone. I was at a business meeting not long ago, a year or so ago, and they said the health care system, certainly there are excesses, we need to do a better job of managing the system. They said, You need to run this like Southwest Airlines. I said—well, I was in Washington when I was told that. And I said, I will tell you what we will do. We will go over to Reagan National and we will pick a guy up who lives under the bridge there, a homeless person, and we will show up at Southwest Airlines. And I will go in my pocket, and I will pull my credit card out and I will say, here, I want to fly and the guy with me can fly, but the man that has no money can't.

And in America, if we all three get in there and go back to George Washington University's emergency room, day or night, 24 hours a day, 7 days a week, regardless of your ability to pay, in America we will take care of you. Now is that the best way to do it, and I would argue it is not. And that's what this debate should be about is how we better use those resources.

Mr. BROUN of Georgia. Let's make this perfectly clear for Madam Speaker and for the American public. You just made a statement that I want to focus upon. You say somebody could go to the emergency room, and it's really an emergency room in the United States, and they will get health care provided to them; is that correct?

Mr. ROE of Tennessee. That is correct.

Mr. BROUN of Georgia. And there is a Federal law actually called EMTALA, the Emergency Medical Treatment and Labor Act, that requires emergency rooms to evaluate and essentially treat everybody who walks in the door, whether they can pay or not, whether they are here legally or not or any other way; is that correct?

Mr. ROE of Tennessee. That is correct.

Mr. BROUN of Georgia. And then the point I keep hearing, particularly from those on the other side that want this socialized medicine program, this Washington-based, Washington bureaucratic administered health care system, that everybody needs access to health care.

But you just made a statement that the American people need to understand, and, Madam Speaker, I hope that they will understand. Everybody

in this country has access to health care by walking into an emergency room.

And the question is, really, where people are going to get their health care provided to them, who is going to pay for it and what cost. Is that correct?

Mr. ROE of Tennessee. Yes. I know that only you can show up at an emergency at any time, but the only hospital that I have had patients denied care because of some bureaucratic snafu, they didn't qualify, was a government hospital, the VA. I have never had a patient refused care that I have taken care of if I said this patient has to be in the hospital. Our problem is not the quality of the care; it's figuring out a system to best pay for it. That's what we are dealing with here. And we are not going to wrap this up and be fair to the American people in 2 weeks.

□ 1515

It's too complicated. I was speaking with a friend of mine this Monday in Kingsport, Tennessee, Dr. Jerry Miller, and he and I were in a very detailed discussion about how complex when you're looking at home health care, oxygen infusion, devices, occupational therapy, physical therapy. All of that goes with increasing and improving the quality of your life. That's what we're dealing with, an incredibly complex system. And I don't believe that the government can best run this system. I think that the private sector is much more equipped to deal with new technologies.

I'll give you an example. I think if we were waiting on the government to develop a da Vinci robot, you wouldn't be having your da Vinci robotic surgery right now.

We see radical prostatectomies for prostate cancer that now are done in a couple of hours or less with very minimal blood loss. I mean, before radical prostatectomies, it was several hundred cc's of blood. Now it may be 75 or a 100 cc's. Minimal blood loss. Patients are leaving the hospital in a day or two and resuming normal activities incredibly fast.

Mr. BROUN of Georgia. Would the gentleman yield?

Mr. ROE of Tennessee. Yes.

Mr. BROUN of Georgia. I want to interject here just a moment. With the current technology we have on that radical prostatectomy, as we call it in medicine—taking the prostate out, all the prostate out—in the past, when we did it with the nonrobotic surgery, the chances of that gentleman having to wear a condom catheter because they cannot control the urine and they just have a constant leakage of urine out of their bladder was very high compared to today.

Their chances, if they're a young man, of having impotence prior to that—in other words, they cannot perform sexually—was a pretty good chance that they were going to have problems with that. But with the robotic surgery, the incidence of impotency, the incidence of incontinence, which is where the urine leaks out, is very low.

It's because of that technology that the development of that technology is going to come to a screeching halt, I believe. Would you agree with that?

Mr. ROE of Tennessee. I would agree with that. I think the biggest problem you have when you don't have enough resources in the system to develop new medications and new technologies, new treatments, new pieces of equipment, there's no question that you freeze in time where you are.

I recall it wasn't a day that I would go to the operating room that I wouldn't see somebody back in the seventies getting operated on for an ulcer, bleeding ulcer. It's almost unheard of now because of medical treatments and other endoscopic treatment. You have almost eliminated that very invasive surgery. We certainly don't want this to slow down.

One of the things that I think we value in America—I know we do—is we value every human life. Every life has great value here. And that's one of the things that I've seen in my practice. Whether you are rich or you are poor, you are valuable to the American people and to the health care system. And we're going to take care of you.

Dr. BROUN, Madam Speaker, one of the things that's an untold problem in the health care system is the availability of care—the accessibility of it, I should say. In the next 10 years, 50 percent of our registered nurses are able to retire. Fifty percent. We need a million more nurses by 2016. That's only 7 years from now.

So we need to be encouraging young people to go into these very needed specialties in medicine and as physicians. We're already behind the curve. In the next 10 years we will have more physicians retiring or dying than we're producing in this country. And the population is growing and the baby boomers are going to need more care. And guess what we're doing? We're living longer than we've ever lived in the history of the world.

So we have a multiprong problem. It's not just that; it's do we have access. Am I going to be able to find a nurse and a doctor to take care of me.

I yield to the gentleman.

Mr. BROUN of Georgia. Well, you're exactly right, Dr. ROE. We have a critical shortage today of medical care personnel, nurses and doctors, as you're saying. In fact, my alma mater, the Medical College of Georgia in Augusta, is starting to develop some satellite campuses to try to train more physicians in the State of Georgia.

In fact, one is going to be opening within the next 2 years in Athens, Georgia, where the University of Georgia is, near where I live. I live outside of Athens in Watkinsville.

But we still are going to be behind even with this new training. But what I have seen, and I think Dr. ROE will probably corroborate this, is that we have seen doctors stop taking Medicaid, stop taking Medicare because of the poor reimbursement rates. And if we go to this supposedly two systems of one private and one public, as has been projected by the leadership and many people on the other side, what is going to happen is that you're going to have, because of the very poor reimbursements rates, you're going to have hospitals fail; you're going to have doctors not take those patients on the public plan. So that in itself is going to take choices away. Plus, you're going to have a Washington bureaucrat telling the patient what medicines that they can have.

You mentioned, Dr. ROE, just a moment ago about all the cephalosporins, one of the powerful antibiotics. When you and I came along—we were almost contemporaries in medical school, though you went to Tennessee and I went to the Medical College of Georgia—we had antibiotics that were very limited.

We have got bacteria today—in fact, a patient that's very close to me personally has pseudomonas pneumonia. When I went to medical school, that patient would have died within a matter of weeks. She now has a PIC line. She's gotten IV antibiotics over and over again. That's not going to be available to her in this new public-option plan, this government-run plan, and she's just going to die. She's 85 years old. And she's going to die. She's had this pneumonia for about 6 months now. And she's still living. When I was in medical school, she would have died within a matter of days.

Life is precious. Some would say, Well, she's 85 years of age; we should just let her die. And that's exactly what's going on in Canada and Great Britain today. They don't have the appreciation of life as we do in our society, evidently.

Dr. ROE, a lot of people are going to die. This program, government option that's being touted as being this panacea, the savior of allowing people to have quality health care at an affordable price, is going to kill people.

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. BROUN of Georgia. Yes, sir.

Mr. ROE of Tennessee. I think, Madam Speaker, what we need to do is look at the problem we're faced with. What are people concerned with? Well, affordability. Certainly, we've got to deal with this.

Number two is accessibility. We have talked about that somewhat. Thirdly, when we have a job, our health insurance is tied to our job. So we're concerned if I lose my employment, I lose my job.

Do you need an entire government takeover of medicine to address those issues? No, you don't. When you look at portability, that's certainly one thing that I think can be done with very minimal government involvement.

I will give you another quick example. Many of us have children. And today is a very poor work environment. So when you see young people come out of college or out of high school today, it's very difficult for them in this market to find a job.

But guess what happens to them when they graduate from East Tennessee State University or the University of Georgia, wherever, and there's no job available? They lose their health insurance coverage. Why not just leave them on their parents' plan until they're 25 years old? It wouldn't cost the government a nickel.

Do you know how many people that would cover, estimated, in this country? Seven million young people. And I know for all three of my children, when they got out of school, they all needed help with their health insurance coverage. I had to go out and buy a private health insurance plan, which was not tax deductible.

Another example I'll give you is myself. Last year, when I worked in my medical practice, I provided health benefits. That was one of the benefits we have for our employees and for me. I retired from my medical practice to run for Congress. The next day, my health premiums went up 33 percent because they were no longer deductible.

That's not expensive for the government to do. Simply allow individuals out there who want to purchase their own private health insurance plan—if you're a farmer or small business person, let them deduct that exactly like GE does, or any other large business

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. ROE of Tennessee. Yes.

Mr. BROUN of Georgia. You made a great point there. The vast majority of employees in this country are employees of small businesses. The small businesses are having a hard time paying these high premiums. And so if we could just have some tax changes to allow deductibility for the individual or for the small business, which is not in law today—it's only the large businesses that can deduct and not pay taxes on that benefit to their employees or the employee not have to pay tax on that benefit. It's only applicable to large businesses.

Most people who are employed, most of the uninsured in this country who have a hard time affording it, most small businesses who have a hard time affording to pay for health insurance for their employees are in that situation because it's not deductible. And if we made some tax changes to make it deductible for everybody for their health premium, that in itself would take care of a lot of those people that you were talking about earlier who are not insured today?

Mr. ROE of Tennessee. Will the gentleman yield?

Mr. BROUN of Georgia. Yes, sir.

Mr. ROE of Tennessee. I would like to know the logic. I haven't had anyone yet since I've been in this body give me the logic of why a corporation with multiple assets is allowed to take a—let's say a small businessman. Let's take someone who is in a small landscaping business, who takes care of my yard—I should be mowing it myself—but who takes care of my yard.

Why shouldn't he be able to deduct as an individual employer—he's just got himself, is all he works for—why can't he deduct his health insurance just like General Motors does? I've never had anyone yet explain to me. You could help a tremendous number of people in this country if we did that simple thing.

I yield back.

Mr. BROUN of Georgia. Well, I thank the gentleman for yielding. You're exactly right. I hear the majority Members over and over again, many Members of the Democratic side talk about the Republican Party as the Party of No, N-O, because we say ''no'' to this energy tax, ''no''—they're going to accuse us of being the Party of No on this health care reform bill that they're going to shove down our throats—down the American people's throats, this socialistic, Washington government-based, Washington bureaucratic-run health care system. They're going to accuse of us being the Party of No, N-O.

But I submit that the Republican Party is the Party of Know, K-N-O-W, because just that one point, if we would make that one tax change, it would pull into the insurance pool privately administered, no cost to the taxpayer, no cost to our children and grandchildren. It would not increase the deficit. Bring in that one thing of a tax policy change and it would ensure on a private basis a lot of those people who are uninsured today.

Mr. ROE of Tennessee. Would the gentleman yield?

Mr. BROUN of Georgia. Yes, sir.

Mr. ROE of Tennessee. I would argue that would even do more than that, because it would do just the opposite of what the public plan will do. What it will do is, if you make that available where the uninsured can afford it to this tax break, it will make less people uninsured and therefore less cost-shifting to the people who already have health insurance.

I would argue it would do exactly the opposite. I bet you if we try, it will work immediately.

The challenge we have in a down economy, there's no question, is when people lose their job, they lose their health insurance. And it can't be COBRA. As you all know, Bill Gates can't afford COBRA, it's so expensive.

We have to have a plan that is affordable for people when they're unemployed. That's a real challenge, there's no question.

I yield back.

Mr. BROUN of Georgia. I thank Dr. ROE for yielding back. In fact, I'm developing a bill in my office right now that will give patients the ownership of their health insurance, whether they buy it themselves or whether it's paid for by their company. If the patient owns the health insurance, that will stop that portability problem because the patient owns it; and if they leave one job and go to another, they take the insurance with them. That's what I'm talking about. We as Republicans are the Party of Know because we know how to make insurance portable.

We have numerous Members over on our Republican side that are putting together proposals that the American people will never see. Why? Because the leadership of this House will not allow the American people to see my bill or your bill, Mr. SHADEGG's bill, Mr. RYAN's bill, the Health Working Group of the Republican conference.

Bill after bill are being proposed to be introduced that will never see the light of day. The American people won't see it, the Members of this House won't see it, Members of Congress in either House won't see those. Why? Because the leadership of this House is forcing in a dictatorial manner their health care bill that's going to destroy the quality of health care.

□ 1530

Mr. ROE of Tennessee. I am going to make an impassioned plea to the American people. A week ago we saw a cap-and-trade tax here that was brought before this House, not thoroughly vetted, a very, very important issue, and not read. Let me say this again—and I get angry when I think about this, something that affects every single American. Not one Congressman of the 219 that voted for that ever read the bill, and it will affect every American. I want to challenge this body right here and now not to bring a bill here in 2 weeks which no one has read, which affects the most precious decision, the care of you and your family and your children, and you haven't even read it. The American people need to know every dot and T in that bill before we have the audacity to pass that bill on to the U.S. Senate.

I yield back.

Mr. BROUN of Georgia. Dr. ROE, I agree with you wholeheartedly. The American people need to demand that the bill be presented to the American people so that they can understand how it's going to affect them because it's going to affect every single person. There's a lot of people who work for big companies that say, Well, I've got good insurance through my employer, and I like it. Well, they need to understand that they're not going to be able to keep it because in 5 years, whether they are in a big multinational corporation that's paying for their health insurance today, they're going to be forced out of that into their single-payer government program where that Washington bureaucrat is going to be making their health care decisions. That's the first thing. Secondly, it's going to be extremely expensive for everybody. Government intrusion into

the health care system is what's driving up the cost. Dr. ROE and Madam Speaker, let me give you a good example that happened in my own medical practice of how government intrusion has affected the cost of insurance and health care across the country, whether it's government-paid health insurance, such as Medicare, Medicaid or SCHIP, or whether it's private insurance.

I was practicing in a one-man office. I had three employees down in Americus, Georgia, and I had a small automated lab in my office. If a patient came in to see me, a doctor, and they had a red sore throat, they might have white patches on their throat, they were running a fever, coughing, and aching all over, maybe their nose is running, maybe they're coughing up some stuff, I, as a physician, knew that they may have a bacterial infection or they may have a viral infection or they may even have allergies. An allergy can actually show those same symptom complexes. I was taught in medical school not to abuse antibiotics because the overprescription of antibiotics causes a whole lot of problems for patients and causes a whole lot of increased cost. Well, Congress passed a bill called CLIA, the Clinical Laboratory Improvement Act, which basically shut down my small automated lab that had quality control. I wanted to make sure that whenever I ran a test that I had good, proper results. Well, Congress passed a bill, the Clinical Laboratory Improvement Act, CLIA, that shut down my lab; and if a patient came in with a red sore throat, coughing or aching all over, I would do a CBC, a complete blood count, to find out if they had a bacterial infection and, thus, needed antibiotics or had a viral infection and did not need the expense or the exposure to those antibiotics. I charged $12 for that CBC. CLIA shut down my lab. I had to send patients over to the hospital. So they had to drive from an office over there. It took an hour or two to do all the paperwork to get into the hospital and have their blood drawn. Then they'd come back to my office and sit and wait, frequently for several hours before I got the results of the test back. But I was charging $12 for that test, CBC. It took 5 minutes to do. It is a good quality control test, proper results, $12, 5 minutes. The hospital charged $75, and it took 2 to 3 hours. You take that one test. It jumped from $12 to $75 for one test. What does that do to costs for insurance across this country? It markedly increases the cost of everybody's insurance and makes it less affordable for everybody. HIPAA—let me bring another critter out. I call CLIA and HIPAA and all these things critters. I tell my constituents in the 10th Congressional District of Georgia that if they see these congressionally creative critters, HIPAA, CLIA and all those other acronyms, that they'd better hold onto their wallets because it's going to take a big bite out of their wallets. Well, the Health Insurance Portability and Accountability Act, HIPAA, was passed, and it's cost the health care system billions of dollars and has not paid for the first aspirin to treat the headaches it's created. It's totally unneeded legislation. So government intrusion into the health care system has created this mess of unaffordability, and the more government intrusion we get into the health care system, the less affordable it's going to be.

I will yield.

Mr. ROE of Tennessee. Just to amplify what you've said. Madam Speaker, years ago we had a test in our office, which we did about 10,000 of them a year. We contacted a local pathologist and said, We'd like to pay $10 for this test; and they said, Well it's $100,000 of income. We'll be glad to. Well, we couldn't do that because—guess what—it was $5 less than what Medicare paid. So we had to charge all of our patients $15 for this test. So that one little office, that one test ended up costing our patients another $50,000 in one medical practice in little old Johnson City, Tennessee. Now I've seen that already. You can amplify that across the country, and you can imagine the billions of dollars that are being wasted because of a lack of competition in the health care system.

I yield back.

Mr. BROUN of Georgia. Well, I thank the gentleman for bringing that test up. It's just a good example of how government intrusion in the system creates higher costs for everybody, whether it's a privately insured plan that a patient has or whether it is the government-insured plan that the patient has, government involvement creates higher costs. And we know, at least on our side, that we have some solutions. We can literally lower the cost of health care if we change health care tax policy and make it deductible for everybody, if we allowed the patients to have some input into how health care decisions are made. In the plan that I'm developing in our office, we have a plan that would make patients be in charge, whether they're government insured or not. We create a marked expansion of health savings accounts. We need to have health savings accounts for Medicare patients where the Medicare patients and the Medicaid patients control that health savings account. It seems as if some in this body have decided it's a God-given right for people to own health insurance. Maybe it is. I don't know. I don't find it in the Constitution of the United States. And we haven't had that until Medicare came along and then Medicaid, where government intrusion in the health care system really has created this boondoggle that we have today. But government intrusion already is rationing care for my patients and yours. It's already causing problems for patients to find providers that will accept their insurance. It's already causing the high cost. It's already causing rationing of care. And to go down this road that's going to create a bigger government intrusion, which is going to destroy the quality of care, stop innovation, it's going to stop all of these life-saving drugs and treatment modalities that we see in the health care industry today, it's going to stop all of that because of that cost effectiveness that the gentleman from Tennessee was talking about.

I will yield.

Mr. ROE of Tennessee. I think the thing that I want the American people to understand is that for 30-something years I have had to look at patients, some who had health insurance and some who we had to try to figure out, How do we get this patient care? And that is certainly a patient we want to find out. We're the ones who go to the emergency room at 3 o'clock in the morning and treat a sick child or see a youngster who has a fractured arm or whatever. We're the ones who provide this and go out there along with the other health care providers. We want a way for that system to flourish as efficiently and as cost effectively as we can. And we can do this. We have solutions out there. The solution is not the government running your health care. That will be a problem. It will be a problem as far as innovation is concerned, as you've pointed out. It will be a problem as far as access is concerned. Access is already a major problem that we have to address.

I want to tell the American people—I want you to be engaged in this, learn about this. Call us. Tell us what you think. One of the last patients that I saw in my practice was a 60-something-year-old woman who worked, who didn't have health insurance. And quite frankly, that is a problem. She is 60 years old, just before Medicare. It's something that can be dealt with, though, without a complete takeover of the government health care system. The people had better pay attention. These next 2 weeks will be the most critical debate about health care that's occurred in the last 45 years.

I yield back.

Mr. BROUN of Georgia. I appreciate it. I want to ask the gentleman this: During my three and a half decades-plus of practicing medicine, I know in my own medical practice, and I know with colleagues that I've been associated with in Georgia, which is where I practiced medicine, that all of us have given away our services and not gotten paid. I don't resent that. I don't regret that. It's just part of what I did as a family doctor. Now under Federal law if I was accepting Medicare as a preferred provider, if somebody were to come into my office to see me—I did a full-time house call practice. I still practice medicine. I still see patients when I go home today. So I am still practicing medicine. I am actively practicing. But I don't take Medicare or Medicaid. I just see those patients and treat them. If they pay me, great. If they can't, that's great too. I don't

care. I went to medical school to serve people. I think you did the same thing, Dr. ROE. But under current Federal law, if I were a physician that was a preferred provider in the Medicare system, and I had a young man, young woman who came into my office, was working, trying to make ends meet, had a health care problem, and they just could not afford to pay my bill, literally under the laws of this country today if I told them, ''Don't worry about it. Don't worry about it. I will treat you for free,'' as I've done to literally thousands of patients, given away hundreds of thousands of dollars of my services over my career practicing medicine. If I did that to one patient in the Medicare system, if they knew about it, they could fine me for every single Medicare claim I ever made, ask for all that money back, and can put me in jail for seeing a patient for free. That's inane. It's absolutely stupid. If we change how government insurance is provided and get the Medicare, Medicaid, State Children's Health Insurance Program, all the government insurers so that the patients own the policy and the insurance is what it's supposed to be, to help those people manage their finances, to help them manage their expenses for their health care that they purchase, that they go see the doctor, go to the hospital, if we could give them the ownership and give them their rights to make those decisions, then doctors could see patients for free, if they needed to be. Doctors could make those decisions; patients could make those decisions; and that's what we want to do on our side. But those philosophies are never, ever going to come to this floor because the leadership won't allow it to happen. We can literally lower—and I think by at least a third to half of what the costs are today for medicines, health insurance, hospital bills, doctors' bills, oxygen, wheelchairs, all those things—we can lower the cost of those things if the Republicans' proposals could ever see the light of day and be passed into law.

□ 1545

I yield to the gentleman from Louisiana.

Mr. FLEMING. Madam Speaker, I think one of the things that Dr. BROUN brings out so eloquently is that it is a true privilege to do what we have done, to practice medicine and try to heal the sick and take care of those folks. That is what we want to do, to be able to continue to provide those services where patients and doctors make those decisions, not the government.

I yield back.

Mr. BROUN of Georgia. I thank the gentleman for yielding. We have just a moment or two.

Madam Speaker, if I can speak to the American public today, what I would say to the American people is that starting next week the majority is going to force this health insurance reform down the throats of the American people. It is going to adversely affect every single American. The American people should stand up and say No, we want transparency.

Madam Speaker, if I could speak to every individual across this country, I would tell the American people to get on the phone, e-mail, fax, or visit your Congressman, your U.S. Senator, and say, Let's slow this process down. Let's get it right. Let's don't hasten in this process of trying to force something down the throats of the American people in the blackness of night where people can't see what's going on. Let us see, as Americans, what you are proposing, so we can look at the bill, so we can evaluate the bill, and so that everybody's voice across this country can be heard.

The former U.S. Senator Everett Dirksen once said that when he feels the heat, he sees the light.

The American people, Madam Speaker, need to put the heat on every single Member of Congress in the U.S. House and the U.S. Senate by calling, writing, faxing, e-mailing and visiting their offices and say ''no'' to this process of not allowing people to read the bill.

The American people need to demand that this health care policy be looked at and be available for the American people to evaluate and not be forced down their throats like it is being done today.

Not only that, Madam Speaker, I invite the American people to call their family and friends and ask them to do the same thing. We have to light a grass fire of grassroots support all across this country to slow this process down. Demand transparency. Demand fairness. Demand openness. We are not getting that today, Madam Speaker. We have to demand it. The only way that is going to happen is if the American people will stand up and say ''no'' and tell their Member of Congress, particularly here in this House, between now and next Wednesday, they need to tell their Congressman to stop this process, allow fairness and allow transparency.

Let's have reform that makes sense. Republicans want that. Democrats want to have reform. But we don't need to do something that is going to break the system, destroy the quality of health care and be extremely expensive for everybody. We need to say ''no.''

OMISSION FROM THE CONGRESSIONAL RECORD OF FRIDAY, JUNE 19, 2009, AT PAGE H7082

SENATE ENROLLED BILLS SIGNED

The SPEAKER announced her signature to enrolled bills of the Senate of the following titles:

S. 614. An Act to award a Congressional Gold Medal to the Women Airforce Service Pilots (''WASP'').

S. 615. An Act to provide additional personnel authorities for the special Inspector General for Afghanistan Reconstruction. Referred to homeland Security and Governmental Affairs.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. POLIS) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. POLIS, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

(The following Members (at the request of Mr. BURTON of Indiana) to revise and extend their remarks and include extraneous material:)

Mr. BURTON of Indiana, for 5 minutes, July 13, 14, 15, 16 and 17.

Mr. REICHERT, for 5 minutes, today.

Mr. JONES, for 5 minutes, July 17.

Mr. POE of Texas, for 5 minutes, July 17.

SENATE BILLS REFERRED

Bills of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1107. An act to amend title 28, United States Code, to provide for a limited 6-month period for Federal judges to opt into the Judicial Survivors' Annuities System and begin contributing toward an annuity for their spouse and dependent children upon their death, and for other purposes; to the Committee on the Judiciary.

S. 1289. An act to improve title 18 of the United States Code; to the Committee on the Judiciary.

ADJOURNMENT

Mr. BROUN of Georgia. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 3 o'clock and 48 minutes p.m.), under its previous order, the House adjourned until Monday, July 13, 2009, at 12:30 p.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

2574. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Chlorantraniliprole; Pesticide Tolerances [EPA-HQ-OPP-2008-0770; FRL-8413-6] received June 26, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2575. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Triallate; Pesticide Tolerances [EPA-HQ-OPP-2008-0386; FRL-8421-2] received June 22, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2576. A letter from the Secretary of the Navy, Department of Defense, transmitting